

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Br		07-10-01
O.I.P.E. CLASSIFIER	Dr	32	2/15
FORMALITY REVIEW	Mo	290	5/22/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/19/2001
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	o	o	
12	o	o	
13	o	o	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
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28	✓	✓	
29	✓	✓	
30	✓	✓	
31	o	o	
32	o	o	
33	o	o	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	o	o	
42	✓	✓	
43	✓	✓	
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

15-90537
12/01